

USCA8, No. _____

NOTICE OF APPEAL

Signature of Defendant's Counsel		Typed Name of Defendant's Counsel	
()		Street	
Address	Room Number	Telephone Number	
City	State	Zip	Date

TO BE COMPLETED BY ATTORNEY FOR APPELLANT

☐ Please prepare a transcript of:

- ☐ Pre-trial proceedings
- ☐ Testimony or
- ☐ Portions thereof
- ☐ Sentencing
- ☐ Post Trial Proceedings
- ☐ Other (Specify)

☐ I am not ordering a transcript because:

- ☐ Previously Filed
- ☐ Other (Specify)

Attorney's Signature _____ Date _____

INFORMATION SHEET

TO BE COMPLETED BY ATTORNEY FOR APPELLANT

1. Defendant's Address: _____

2. Date of Verdict: _____ ☐ Jury ☐ Non-Jury
Offenses: _____

3. Trial Testimony - Number of Days _____ Bail Status _____
Sentence and Date Imposed: _____

4. Appealing: Sentence ☐ Conviction ☐ Both ☐
Challenging: ☐ Application of Sentencing Guidelines
☐ Constitutionality of Guidelines
☐ Both Application and Constitutionality
5. Date Trial Transcript ordered by Counsel or District Court: _____
Stenographer in Charge: _____
(Name, Address, Phone) _____

6. Trial Counsel was: ☐ Appointed ☐ Retained
Does Defendant's financial status warrant appointment of counsel on appeal? ☐ Yes ☐ No
Affidavit of Financial Status filed: _____
Is there any reason why trial counsel should not be appointed as counsel on appeal? ☐ Yes ☐ No
7. Assistant U.S. Attorney Name & Phone Number: _____

COURT REPORTER ACKNOWLEDGMENT

_____	_____	_____	Date
Order Received	Estimated Completion Date	Est Number of Pages	
_____	_____		
Court Reporter's Signature	Date		

